


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90100 038 ***138.75

DOCUMENT # L07000112685 1. Entity Name ANDREW PETERS INVESTIGATIVE SERVICES, L.L.C.																														
Principal Place of Business 16435 HODGE RD. BROOKSVILLE FL 34614		Mailing Address 16435 HODGE RD. BROOKSVILLE FL 34614																												
2. Principal Place of Business - No P.O. Box # 16435 Hodge Rd Suite, Apt. #, etc.	3. Mailing Address 16435 Hodge Rd Suite, Apt. #, etc.																													
City & State Brooksville, FL Zip 34614	City & State Brooksville, FL Zip 34614	Country Hernando																												
6. Name and Address of Current Registered Agent PETERS, ANDREW M 16435 HODGE RD. BROOKSVILLE FL 34614		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																												
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																														
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>																														
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State																														
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR PETERS, ANDREW M 16435 HODGE RD BROOKSVILLE FL 34614 <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table> </div> </div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PETERS, ANDREW M 16435 HODGE RD BROOKSVILLE FL 34614 <div style="text-align: right;"><input type="checkbox"/> Delete</div>													TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>												
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																														
SIGNATURE: <i>Andrew M. Peters</i> Andrew M. Peters 4/08/08																														



1st MOORE CR2E083 (10/07)

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**